Fill	in this information to identify your c	ase:							
Deb	otor 1 Javier Ugalo	de Ramirez							
	otor 2 Maria Isabel	Hernandez			-				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF CALIFORNIA		_				
	se number nown)				Check if this is:  An amended filing A supplement showing post-petition chapter 13 income as of the following date:				
<u>O</u> 1	fficial Form B 6I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome						12/13	
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment	ır spouse is not filing w	ith you, do not includ	e inforn	nation	about your spo	ouse. If more space i	s needed,	
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing spouse	)	
	If you have more than one job, attach a separate page with information about additional	Employment status	Employed			= :	Employed		
			Not employed			<u> </u>	☐ Not employed		
	employers.	Occupation	agricultural supervisor			agricultural laborer			
	Include part-time, seasonal, or self-employed work.	Employer's name	Bevill Vineyard M	lgmnt L	LC	Gallo So	onoma		
	Occupation may include student or homemaker, if it applies.	Employer's address	4724 Dry Creek Rd Healdsburg, CA 95448			3387 Dry Creek Rd Healdsburg, CA 95448			
		ere? <u>15 years</u>			13 years				
Par	Give Details About Mon	nthly Income							
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for a	any lin	e, write \$0 in the	space. Include your r	ion-filing	
-	u or your non-filing spouse have messpace, attach a separate sheet to		ombine the information	for all e	mploy	ers for that perso	on on the lines below.	If you need	
					F	or Debtor 1	For Debtor 2 or non-filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	6,466.20	\$ 1,456.00	<del>)</del>	
3.	Estimate and list monthly over	ime pay.		3.	+\$	0.00	+\$0.00	<u>.                                    </u>	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	6,466.20	\$1,456.00	]	

Case number (if known)

				For Debtor 1		btor 2 or ing spouse				
	Copy line 4 here	4.	\$	6,466.20	\$	1,456.00				
5.	List all payroll deductions:									
J.	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	202.45				
	5b. Mandatory contributions for retirement plans	5a. 5b.	\$ 	0.00	\$	202.45 0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$	433.33	\$	0.00				
	5d. Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00				
	5e. Insurance	5e.	\$	0.00	\$	0.00				
	5f. Domestic support obligations	5f.	\$	0.00	\$	0.00				
	5g. Union dues	5g.	\$	0.00	\$	43.68				
	5h. Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00				
6.	Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	433.33	\$	246.13				
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,032.87	\$	1,209.87				
8.	List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0-	Φ.	4 400 00	Ф	0.00				
	monthly net income.	8a.	\$ <u> </u>	4,400.00	\$	0.00				
	8b. Interest and dividends	8b.	\$	0.00	Ф	0.00				
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00				
	8d. Unemployment compensation	8d.	\$	0.00	\$	0.00				
	8e. Social Security	8e.	\$	0.00	\$	0.00				
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00				
	8g. Pension or retirement income	8g.	\$	0.00	\$	0.00				
	8h. Other monthly income. Specify:	8h.+	\$	0.00	+ \$	0.00				
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	4,400.00	\$	0.00				
10.	Calculate monthly income. Add line 7 + line 9.	0. \$	10	,432.87 + \$	1,209	.87 = \$ 11,642.74				
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	-   -		,402.07	1,200	11,042.74				
11.	Ţ ·									
12.	12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies									
13.	Do you expect an increase or decrease within the year after you file this form?	•				Combined monthly income				
	No. Yes. Explain:									

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